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TALLAHASSEE, FLORY

JUL 31 2024 K. Brumbley

COVER LETTER

	tration Section ion of Corporations				
SUBJECT:	TBM SERVICE GROUP (U	isa). Inc.			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name	of corporation	- must include suffix		
Dear Sir or M	adam;				
"Certificate o		e of Good Stan	Authorization to Transact Busin ding" and check are submitted the ss in Florida.		
Please return	all correspondence concern	ing this matter	to the following:		
		Katie Woo	od, Esq.		
		Name of	Person		
		Ainsworth & C	lancy, PLLC		
		Firm/Con	pany		
		1826 Ponce de	Leon Blvd,		
		Addre	:S\$		
		Coral Gables, F	L 33134		
		City/State a	nd Zip code		
		into(a busines	s-esq.com		
	E-mail addres	s: (to be used f	or future annual report notificat	ion)	
For further in	formation concerning this (matter, please c	all:		
Katie Wood		305 at (600-3816		
Nam	e of Person	Area Cod) 600-3816 e Daytime Telephone Nu	ımber	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Section Division of Comorati P.O. Box 6327	Division of Corporations	
	check for the following an teck payable to: FLORIDA I ing Fee	DEPARTMENT ng Fee &] \$78.75 Filing Fee & ☐ \$ Certified Copy C	87.50 Filing Fee. 'ertificate of Status & 'ertified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607,1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

I.	GROUP (USA), INC.	ED." "COMPANY," "CORPORATION."
	orp," "Inc." "Co," or "Corp.")	Laz. Compart, Componential
(If name unavaila	ible in Florida, enter alternate corporate na	ame adopted for the purpose of transacting business in Florida)
State or country under the law of which it is incorporated)		3. 92-3361214
(State or country	y under the law of which it is incorporated	f) (FEI number, if applicable)
¥, <u>12/08/2022</u>		5. (Date of duration, if other than perpetual)
(Date	of incorporation)	(Date of duration, if other than perpetual)
5	(Date first transacted busine	ess in Florida, if prior to registration)
	(SEE SECTIONS 607.1501 & 60	07.1502, F.S., to determine penalty liability)
7100 Brickell_Ba	y Dr. 310747 Miami, FL 33231	
	(Principa	Loffice <u>street</u> address)
	(Current in	nailing address, if different)
		u .
8. Name and stree	t address of Florida registered agent:	(P.O. Box NOT acceptable)
Name: Ainsworth & Clancy, PLLC		
Office Address:	1826 Ponce de Leon Blvd	
	Coral Gables	
	(City)	Florida <u>33134</u> (Zip code)
designated in this further agree to co	ed as registered agent and to accept s application, I hereby accept the appo	service of process for the above stated corporation at the place vintment as registered agent and agree to act in this capacity. I tes relative to the proper and complete performance of my duties y position as registered agent.
	John Au	rsworth
	(Registered agen	nt's signature)
10 Augebed is a	sertificate of existence duly authentics	ated, not more than 90 days prior to delivery of this application to

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS Rakendra Ramanand Name: ___ Prakash Valentino Ramanand **!Chairman** [Chairman 1100 Brickell Bay Drive 310747 1100 Brickell Bay Drive 310747 Address: ☐Vice Chairman Address: C Vice Chamman Miami, FL 33231 Miami, FL 33231 ■ Director Director President President □Vice President □Vice President □Treasurer Treasurer. □ Secretary □ Secretary Other _____ □Other _____ □Other _____ □Other _____ Name: Vinod Ramanand Name: []Chairman □ Chairman 1100 Brickell Bay Drive 310747 Address: □Vice Chairman Address: _____ □ Vice Chairman Miami, FL 33231 □ Director Director □President □ President □ Vice President □Vice President ⊟Secretary ☐ Treasurer □Treasurer □ Secretary □Other _____ □Other ______ □Other _____ □Other _____ Name: _____ □Chairman □ Chairman Name. _____ Address: ______ □Vice Chairman □ Director □ Director □President □President □Vice President □Vice President ___

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

□ Secretary

□Other _______

□ Treasmer

□Other _____

Prakash Valentino Ramanand

□Other _____

[]Treasurer

□Secretary

□Other _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number £1 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$,847,155, F.S.

Prakash Valentino Ramandad



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TBM SERVICE GROUP (USA), INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 204042708

Date: 07-30-24